

**2009 COUNCIL-DIRECTED DAY CAMP PROGRAM AIDE
REGISTRATION FORM***

Camper's Name (Last, First, MI): _____

Parent/Guardian's Name (Last, First): _____

Address _____
CITY STATE ZIP

E-mail Address: _____

Telephone: Day _____ Evening _____

Cell _____

CUSTODIAL CARE INFORMATION: My camper is under the custodial care of: Both Parents Mother Only
 Father Only Other _____

Grade 7-8 Grade 9-12 Troop # _____

Grade in School (Fall 2005): _____ Are you currently a Girl Scout? Yes No

Present Age of Camper: _____ Birth date: ___/___/___

PROGRAM AIDE:

I am an experienced Program Aide: Yes No I received Program Aide training on: ___/___/___

I am a new Program Aide: Yes No I have been a Program Aide at: _____ in _____

Registration must include \$25.00 camper fee

This reflects my permission for my camper to attend summer camp and participate in all activities, including those listed or described in the camp brochure or website that I have received, read and understand. My permission is also given to the Girl Scouts of Central Maryland to utilize any photo, video or audio of my daughter for publicity or advertising purposes. In the event of illness or injury of my daughter while under supervision of the Girl Scouts of Central Maryland, I hereby authorize the Girl Scouts of Central Maryland to obtain and/or provide medical treatment and services as deemed necessary and appropriate under the circumstances. In connection with my authorization, I understand that my family health insurance will provide primary coverage for such medical treatment and services, and that the insurer of the Girl Scout Council of Central Maryland provides secondary coverage. For the parents of girls registering as Girl Scouts in order to participate in summer camp: I understand that my camper will become a member of Girl Scouts of the U.S.A. by her registration for this program.

Date ___/___/___ Signature of

Parent/Guardian _____

Insurance Co. Name _____ City _____ Policy

No. _____

Please Print all information, One camper per registration.

Name of Camp Year(s) _____

Street City State Zip _____

PAYMENT

Check Enclosed (make payable to GSCM): \$ _____

Credit Card: MasterCard Visa \$ _____

Account: _____ Exp. Date _____

Cardholder(Print Name): _____

Address: _____

City: _____ State: _____ Zip: _____

Home : _____ Work : _____

Cardholder Signature: _____

Mail Payment and Registrtion to:

Program

Registrar:

Girl Scouts of
Central Maryland
4806 Seton Drive
Baltimore, MD 21215